

POWER OF ATTORNEY

I hereby appoint the practitioners practicing at the following Customer Number to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

34704

SEND CORRESPONDENCE TO:

The above Customer Number.

DIRECT TELEPHONE CALLS TO:

Gregory P. LaPointe
(203) 777-6628 - ext. 111


DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SIGNATURE(S)

Full name of sole or first inventor:

any:


(signature)

Name: Peter Haring Bolívar

Date: 08/11/06

Country of Citizenship: Germany

Residence Address:

Zollstrasse 3a,
57482 Wenden, Germany

Post Office Address: (SAME AS ABOVE)

Full name of second joint inventor, if

(signature)

Name: Bernard Bechevet

Date: _____

Country of Citizenship: France

Residence Address:

1, allée de la Challandière, Cidex
334, F-38640 Claix, France

Post Office Address: (SAME AS ABOVE)

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SIGNATURE(S)

Full name of sole or first inventor:

(signature)

Name: Peter Haring-Bolivar

Date: _____

Country of Citizenship: Germany

Residence Address:

Turnstrasse 19,
B-4730 Raeren, Belgium

Post Office Address: (SAME AS ABOVE)

Full name of second joint inventor, if any:

(signature)

Name: Bernard Bechevet


Date: 21 June 2006

Country of Citizenship: France

Residence Address:

1, allée de la Challandière, Cidex
334, F-38640 Claix, France

Post Office Address: (SAME AS ABOVE)

(signature) 

Date: 20 Jun 2006

Residence Address:

Post Office Address: (SAME AS ABOVE)

(signature)

Date: _____

Residence Address:

Post Office Address: (SAME AS ABOVE)

Page 4 of 5

Full name of third joint inventor, if any:

(signature)

Name: Veronique Sousa

Date: _____

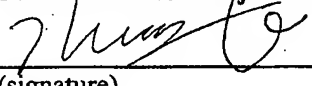
Country of Citizenship: France

Residence Address:

resid. La Tour Mont Blanc, 15,
Boulevard Mar. Leclerc,
F-38000 Grenoble, France

Post Office Address: (SAME AS ABOVE)

Full name of fourth joint inventor, if any:



(signature)

Name: Dae-Hwang Kim

Date: 14.06.2006

Country of Citizenship: ~~Germany~~ Korean

Residence Address:

Kastanienweg 13,
52074 Aachen, Germany

Post Office Address: (SAME AS ABOVE)

SIGNATURE FOR FIFTH AND SUBSEQUENT JOINT INVENTORS.
1 PAGE ADDED.

**ADDED PAGE TO COMBINED DECLARATION AND POWER OF
ATTORNEY FOR SIGNATURE BY FIFTH AND SUBSEQUENT INVENTORS**

Full name of fifth inventor:

Heinrich Kurz
(signature)

Name: Heinrich Kurz

Date: 14.06.2006

Country of Citizenship: Germany

Residence Address:

II Rote Haag Weg 1b,
52076 Aachen, Germany

Post Office Address: (SAME AS ABOVE)

Full name of sixth joint inventor, if any:

Florian Merget
(signature)

Name: Florian Merget

Date: 14.06.2006

Country of Citizenship: Germany

Residence Address:

Marienbongart 10,
52062 Aachen, Germany

Post Office Address: (SAME AS ABOVE)

THIS DECLARATION ENDS WITH THIS PAGE.